

## **IMPORTANT NOTICE**

### **CERTIFICATION/RECERTIFICATION/REINSTATEMENT and IN-SERVICE EDUCATION REQUIREMENTS FOR QUALIFIED MEDICATION AIDE (QMA)**

Effective January 1, 2005, the QMA certification process and in-service education requirement is mandatory every year. This is in accordance with Indiana Administrative Code 412 IAC 2-1-10. Under this rule all QMAs must meet the following three (3) requirements:

- 1. Be certified by the Indiana State Department of Health every year;**
- 2. Obtain a minimum of six (6) hours per year of in-service education in the area of medication administration; and**
- 3. Submit appropriate fee to Indiana State Department of Health with recertification request.**

#### **RECERTIFICATION:**

At least 30 days prior to the expiration of the certificate, the individual must:

1. obtain a minimum of six (6) hours per year of annual in-service education;
2. submit to the Indiana State Department of Health a qualified medication aide record of annual in-service education on the form approved by the ISDH; and
3. submit to the ISDH the appropriate fee.

***The QMA is responsible for completing the in-service education requirements, maintaining documentation of in-service education, and submitting, or ensuring the submission of, the qualified medication aide record of annual in-service education form and appropriate fee.***

#### **REINSTATEMENT:**

If the recertification fees and/or in-service education form is received by the ISDH ninety-one (91) or more days after expiration of the QMA certification, the individual is removed from the QMA registry and must be reinstated. For reinstatement as a QMA following removal from the QMA registry, the individual must:

1. complete an ISDH approved QMA course;
2. submit to the testing entity an application approved by the ISDH;
3. pass the written competency test in three (3) or fewer attempts with a passing score of 80%.

#### **IN-SERVICE EDUCATION REQUIREMENTS:**

Annual in-service education shall include medication administration. If facility policy allows the QMA to perform such functions in the facility, **annual in-service education shall also include:**

1. medication administration via G-tube/J-tube;
2. hemoccult testing;
3. finger stick blood glucose testing (specific to the glucose meter used).

QMA certificates are effective upon issue and expire on March 31 of the next year. The annual in-service education requirement period begins each year on March 1 and concludes on the last day of February of the next year. In the case of an initial certificate, the annual in-service education requirement period begins on the QMA certification effective date and concludes on the last day of February of the next year. The in-service education requirement period therefore ends one (1) month prior to the expiration of the certification.

*Qualified Medication Aide Record of Annual In-service Training* form and fee (\$10.00 check or money order payable to Indiana State Dept. of Health) should be submitted to ISDH. The form and fee must be sent to:

Indiana State Department of Health  
Cashier's Office  
PO Box 7236  
Indianapolis, IN 46207-7236

**Failure to submit certification in a timely manner may result in additional fees or removal from the QMA registry. (Removal from the registry will require completion of a QMA course and passing of the QMA competency test for re-instatement).**

If you have additional questions, please call Nancy Adams at 317/233-7480 or Nancy Gilbert at 317/233-7616.



## QUALIFIED MEDICATION AIDE RECORD OF ANNUAL INSERVICE TRAINING

State Form 51654 (3-04)

Indiana State Department of Health - Division of Long Term Care

QMA Name: \_\_\_\_\_  
(please print full name)

QMA Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone : \_\_\_\_/\_\_\_\_\_  
(please print) street address (include Post Office box number, if applicable) City State Zip

CNA: \_\_\_\_ Yes \_\_\_\_ No CNA Number: \_\_\_\_\_ Psychiatric Attendant at Indiana State Hospital: \_\_\_\_ Yes \_\_\_\_ No  
Initial QMA training received at: \_\_\_\_ long term care facility; \_\_\_\_ non-facility training site; \_\_\_\_ state hospital \_\_\_\_ Student Nurse/GPN

**Instructions:** It is the QMA's responsibility to track hours of medication administration in-service training and supply proof of completion of in-service training to ISDH in conjunction with application for re-certification to be submitted annually . Annual in-service education shall include, but is not limited to medication administration via G-tube/J-Tube, hemocult testing and finger stick blood glucose testing. **This form must be submitted to ISDH by March 1.**

Date of Training	Title/Topic of Training (PLEASE PRINT)	Location	Length of Training	Signature of Instructor

I submit the above information as proof of having met the six (6) hour per year in-service requirement and hereby apply for re-certification.

**For office use only:**

Entered by: \_\_\_\_\_ Receipt # \_\_\_\_\_

\_\_\_\_\_  
QMA Signature

\_\_\_\_\_  
Date Submitted